

**Express Application (Current Participant)  
Concurrent Enrollment  
Ohio Wesleyan University**

Date: \_\_\_\_\_

Term Requested: Fall  Spring

Applicant: \_\_\_\_\_  
Last Name First Name MI

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Guardian: \_\_\_\_\_  
Last Name First Name MI

Home Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip Code

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Please indicate your **current** OWU course \_\_\_\_\_

We understand the conditions under which this student is applying for Concurrent Enrollment at Ohio Wesleyan University.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check here if you would also like to receive ongoing information about Fulltime enrollment at Ohio Wesleyan.

**Student:** Please have your counselor complete and send to Ohio Wesleyan's Admission Office.

High School: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City State Zip

I recommend this student for Concurrent Enrollment at Ohio Wesleyan University.

**Counselor:** Please include a copy of current grade report.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Please return this completed form by (Fall – 6/15; Spring – 12/1) to:  
**Ohio Wesleyan University, Office of Admission, 61 S. Sandusky St., Delaware, OH 43015**